

#5

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant : Danishefsky *et al.* Examiner: T. Solola  
Appl. No. : not yet assigned Art Unit: 1626  
Filed : March 13, 2001  
For *Synthesis of Epothilones, Intermediates Thereto, Analogues and Uses  
Thereof*



BOX PATENT APPLICATION  
ASSISTANT COMMISSIONER FOR PATENTS  
WASHINGTON, DC 20231

**EXPRESS MAIL NO.: EL603009518US**

Sir:

**STATEMENT FILED PURSUANT TO THE DUTY OF  
DISCLOSURE UNDER 37 CFR §§1.56, 1.97 AND 1.98**

Pursuant to the duty of disclosure under 37 C.F.R. §§1.56, 1.97 and 1.98, Applicants request consideration of this Information Disclosure Statement. Specifically, Applicants wish to direct the Examiner's attention to the following disclosures which have been provided in the parent case 08/986,025. Copies of the documents listed on the PTO 1449 submitted herewith are not provided because such copies are available in the file of the parent application 08/986,025, relied upon for priority.

If the Examiner is not able to obtain these references, the Examiner is invited to contact the undersigned and copies of the references will be provided.

*Information Cited:*

Applicants hereby make of record in the above-identified application the U.S. Patents, Foreign publications and patents and other publications listed on the attached form PTO-1449. The order of presentation of the references should not be construed as an indication of the importance of the references.

*Remarks:*

Applicants respectfully request that:

1. The Examiner consider completely the cited information, along with any other information, in reaching a determination concerning the patentability of the present claims;

2. The enclosed form PTO-1449 be signed by the Examiner to evidence that the cited patent(s) and publication(s) has (have) been fully considered by the Patent and Trademark Office during the examination of this application; and

3. The citations for the patent(s) and publication(s) be printed on any patent which issues from this application.

By submitting this Information Disclosure Statement, Applicants make no representation that a search has been performed, of the extent of any search performed, or that more material information may not exist.

By submitting this Information Disclosure Statement, Applicants make no representation that the information cited in the Statement is, or is considered to be, material to patentability as defined in 37 C.F.R. §1.56(b).

By submitting this Information Disclosure Statement, Applicants make no representation that the information cited in the Statement is, or is considered to be, in fact, prior art as defined by 35 U.S.C. §102.

Notwithstanding any statements by Applicants, the Examiner is urged to form his or her own conclusions regarding the relevance of the cited reference(s).

No fee is believed to be necessary in connection with the filing of this Information Disclosure Statement since it is being filed prior to the issuance of a first Official Action on the merits. 37 CFR § 1.97(b)(3). However, if a first Official Action on the merits is mailed on or before the submission date of this Information Disclosure Statement, or any fee is otherwise

deemed required, authorization is hereby given to charge the amount of such fee to Deposit  
Account 03-1721.

Respectfully submitted,



Karoline K. M. Shair, Ph.D.

Reg. No.44,332

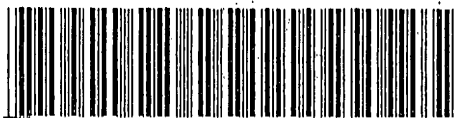
CHOATE, HALL & STEWART  
Exchange Place  
53 State Street  
Boston, MA 02109  
(617) 248-5000  
Dated: March 13, 2001

3217425\_1.DOC

POST OFFICE  
TO ADDRESSEE



UNITED STATES POSTAL SERVICE™



\*EL603009518US\*

EL603009518US

SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND LIMITS  
ON INSURANCE COVERAGE

Customer Copy  
Label 11-F July 1997

POSTAL USE ONLY	
Day of Delivery	Flat Rate Envelope
Next <input type="checkbox"/> Second <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 3 PM	Postage
Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	\$
Int'l Alpha Country Code	Return Receipt Fee
Weight lbs. ozs.	COD Fee Insurance Fee
Acceptance Clerk Initials	Total Postage & Fees
Delivery	
Weekend <input type="checkbox"/> Holiday <input type="checkbox"/>	

CUSTOMER USE ONLY	
METHOD OF PAYMENT:	<input checked="" type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent. If delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.
Post Mail Corporate Acct. No.	
Agency Acct. No. or Retail Service Acct. No.	Customer Signature

FROM: (PLEASE PRINT)	TO: (PLEASE PRINT)
DATE: MALL & STEWART P/ TNT DEPT/EXCHANGE PL 53 STATE ST BOSTON MA 02109-2891	Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231

PRESS HARD. FOR PICKUP OR TRACKING CALL 1-800-222-1811 WWW.USPS.GOV